

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-835)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-weight: bold;">10625850</div>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				61						
2				1			62						
3				1			63						
4				1			64						
5				1			65						
6				1			66						
7				1			67						
8				1			68						
9				1			69						
10				1			70						
11				1			71						
12				1			72						
13				1			73						
14				1			74						
15				1			75						
16				1			76						
17				1			77						
18				1			78						
19				1			79						
20				1			80						
21				1			81						
22				1			82						
23				1			83						
24				1			84						
25				1			85						
26				1			86						
27				1			87						
28				1			88						
29				1			89						
30				1			90						
31				1			91						
32				1			92						
33				1			93						
34				1			94						
35				1			95						
36				1			96						
37				1			97						
38				1			98						
39				1			99						
40				1			100						
41				1									
42				1									
43				1									
44				1									
45				1									
46				1									
47				1									
48				1									
49				1									
50				1									
TOTAL IND.				1				TOTAL IND.					
TOTAL DEP.				0				TOTAL DEP.					
TOTAL CLAIMS				1				TOTAL CLAIMS					